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TITLE: Virtual Primary Care Clinic

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MidTerm Overall Evaluation Report

PROPOSAL: 1999000231
TITLE: VIRTUAL PRIMARY CARE CLINIC

1. ACCOMPLISHMENTS:

We are conceptualizing the Virtual Primary Care Clinic (VPCC) project as a component of a larger e-health migration strategy for MAMC. Consistent with a results- based migration planning and execution approach this relatively short-term, focused initiative is addressing several core e-health processes at MAMC. This project has facilitated critical organizational processes which are key to both the success of this project and to MAMC's ability to develop as an e- health institution. These processes include educating key MAMC leaders and committees, establishing an e- health activity, gaining and maintaining commitment from key organizational personnel, and disseminating current e-health information to the hospital. All of this has required significant time and energy which is somewhat peripheral to the specific project but has nevertheless been critical to insuring this project's success. As expanded on in the "Problems" section below issues associated with personnel transition and project ownership consumed the first several months following announcement of funding. The initial project meeting wherein agreement was reached as to whom should serve as PI did not occur until July 19th, 2000. Once this issue was resolved a project strategy was needed along with a specific Statement of Work (SOW) to clarify project scope and to solicit vendor submissions and a research protocol approved through our Institutional Review Board. The SOW was completed August 8th and distribution coordinated through Contracting. Due to the timing of this near the end of the fiscal year we limited vendors to those with GSA Contract. This potentially narrowed the field from what open solicitation might have reached. Included within the SOW is the requirement for completion of the functional product on, or before, 1 January, 2001. The research protocol was completed in accordance with the project guidance and prior to contract awarding. This protocol is a generic overarching protocol within which we are preparing several more specific research protocols that will include primarily Residents and Staff within the Primary Care Clinic. Specific research projects include: 1) comparison of electronic consultation to telephone consultation as it affects patient and provider satisfaction, rate of office visits, and completion time, 2) management of hypercholesterolemia with e-health versus traditional care, 3) management of hypertension with e-health versus traditional care, 4) compliance with health behaviors when followed with e-health versus traditional care, and 5) effects on provider productivity and efficiency. Six vendors submitted against this SOW. These included First Consulting Group - Doghouse, Integic, Akimeka (in partnership with Pacific E-Health, Superior Consulting and Microsoft), SAIC, N-Link (a local vendor with established contract history at MAMC), and Oracle in partnership with Region 6. These vendor presentations were open to a relatively large VPCC interest group. All attendees were asked to complete evaluations of the contractors' proposed solutions. Evaluation criteria were established such that for purposes of selection a Core Project Committee consisting of Information Management Division Chief, Informatics Officer, Project Lead within the Primary Care Clinic, and myself were the quantified votes. The project PI reviewed all evaluations to identify deviations from the quantified votes. Subsequent to completion of all vendor presentations the Core Committee met and unanimously selected Akimeka for this project. Final contract details have been negotiated and our project kick-off working meetings are set for 28 & 29 September, 2000.

2. PROBLEMS:

The original PI for this project was offered, and accepted, a new assignment shortly after award notification for this project. He initially attempted to continue as PI from his new distant location. However, it eventually became clear to the MAMC leadership that this arrangement was not going to meet the project requirements. Primary areas of concern were the interdepartmental coordination, team building, and research requirements. The replacement PI selection process raised multiple issues and ultimately required the involvement of several senior hospital leaders. The outcome was to clarify that this is a MAMC research project and that we are responsible for delivering meaningful results to TATRC under this

proposal. The PI decision was made July 19, 2000 and has thus pushed this project somewhat behind what might have otherwise been the expected delivery schedule.

3. LIFE-CYCLE:

This project schedule now stands as follows: PI Selected: 19 July 2000 Contract Awarded: 8 September 2000 Mid-Term Report: 22 September, 2000 Project Kick-off: 28 & 29 September 2000 Functional Product: NLT 1 January 2001 Data Collection: January and February 2001 Final Report: 5 March 2001

4. DELIVERABLES:

This project has clear AMEDD-wide applicability and is structured as a coordinated research activity to provide meaningful data against which to measure its effectiveness. The primary areas this project may impact are Health Care Delivery with respect to treatment, wellness, and prevention. The Virtual Clinic e-health model offers a new way of doing business for the AMEDD. Offering patients the ability to communicate directly with their provider team from home or business, customizing care to their particular treatment needs, monitoring health and wellness behaviors between hospital visits are all significant advantages to our beneficiaries and our healthcare system. The research projects that will be conducted within this project will provide objective data upon which to make decisions regarding future e-health initiatives. One particular core issue to any future e-health projects is the workload capture and accounting issue. The absence of official guidance on how this workload is captured limits willingness of many to engage actively in a process that may lead to reduced "billable" workload in our not fully capitated medical care system. MEDCOM has expressed interest in this issue and a willingness to work with us to measure and document how this project affects provider productivity and patient contacts as currently defined.